

John James Charitable Trust - Organisation Application Form

Please answer all questions. There is space at the end of the form for additional comments.

If possible, please fill in the form on your computer, save it and then email a copy to info@johnjamestrust.org. If that is not possible please print the form, fill it in and send it to:

John James Trust
6 Mina Road
London
SW19 3AU

We advise you to keep a copy of the completed form for your own records.

If you require further help, please contact us via email at info@johnjamestrust.org

About You

Where did you hear about us?	
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Your Details

Title		required
First name		required
Surname		required

Your Contact Details

Address (with postcode)		required
Email		required
Telephone (day)		required
Mobile		

About Your Organisation

Organisation Name		required
Organisation Address (with postcode)		required
Telephone (day)		required
Website		

About Your Project: What you would like us to fund

In less than 200 words, please give us a brief description of your needs and/or plans that require funding. Please describe what you want to do, where and how.

Project Description (we may use this for publicity purposes)		required
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Please let us know...

Your start date		required
Your end date		required
Your location		required

What difference are you hoping to make by doing this project?

Describe what you hope to achieve.		required
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What obstacles or difficulties do you anticipate?

Describe any challenges or issues that may impact you and your plans?		required
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What is your motivation for doing this work?

<p>Why do you want to spend your time doing this as opposed to something else?</p>		<p>required</p>
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How do you monitor and evaluate your work?

<p>Please let us know how you track your progress – financial, management and results</p>		<p>required</p>
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Your Organisation's Director or Chief Executive

Title		required
First Name		required
Surname		required
Job Title		required
Length of Service		required

Your Organisation's Legal Structure

When did you start up?		required
Legal Structure (eg. Unincorporated association, trust, company limited etc)		required
Charity Registration Number (if applicable)		
Company Registration Number (if applicable)		

Your Organisation's Policies and Procedures

Please tell us which of the following policies and procedures your organisation has:			
<input type="checkbox"/>	Equal opportunities	<input type="checkbox"/>	Recruitment and selection
<input type="checkbox"/>	Volunteering	<input type="checkbox"/>	Grievance and disciplinary
<input type="checkbox"/>	Financial	<input type="checkbox"/>	Health and safety
<input type="checkbox"/>	Complaints	<input type="checkbox"/>	Child/vulnerable adults protection
<input type="checkbox"/>	Public and employers liability insurance	<input type="checkbox"/>	CRB checks or staff and volunteers

Your Organisation's Finances**Please send us the following.:**

1. A copy of your most recent audited accounts and annual report. If you don't have audited accounts please provide us with your last set of annual accounts or income and expenditure details signed and dated by the Chair or Treasurer of your organisation.
2. A current cash-flow statement.
3. A cash-flow forecast listing income and expenditure (projected and actual received).

Please provide a percentage breakdown of your current financial support under the following headings:

Individual funders		%	required
Christian Organisations		%	required
Secular Organisations		%	required

What are your current financial concerns, if any?			required
How are you going to fund your future work?			required

<p>Please describe the aims of your organisation (what difference you want to make to the people you want to support)</p>		required
<p>Please illustrate results that witness your work (your track record, what actually happens, results that have emerged)</p>		required

About Your Requested Grant

How much funding do you require in total?

Total Project Cost		required
Total Needed		required
Total Obtained so far		required
Total Project Length		required

Total obtained details

If you put an amount under 'total obtained so far', please say from who and how much

Who and How much?		required
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What you will spend the grant on?

<p>List your anticipated costs and how you calculated them. Alternatively, include a copy of your budget as a separate file and note its inclusion here.</p>		required
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Do you want to continue with this project after the grant ends?

Yes No

<p>If yes, please outline how you will sustain the project after the grant ends:</p>	
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Referees

Please provide details of two people who know you spiritually, one being someone in a leadership role within your home church.

Referee One

Title		required
First name		required
Surname		required
How they know you / your organisation?		required
Address (including postcode)		required
Telephone (day)		required
Mobile		
Email		

Referee Two

Title		required
First name		required
Surname		required
How they know you / your organisation?		required
Address (including postcode)		required
Telephone (day)		required
Mobile		
Email		

Space for Additional Comments

Please put here
anything else you
would like to tell us,
any questions or
comments.

Legal Section

Declaration

We agree to abide by the terms and conditions of the grant as they are set out in this application form and in the accompanying Guidance Notes, and understand that any offer of a grant will be subject to our proposed work remaining within grant criteria. We agree to participate in monitoring, auditing and evaluation related to this fund.

The Data Protection Act 1998

The information supplied on this form will be retained by the John James Charitable Trust on a database and will be used to compile statistics on grants given. Details of successful applications will be made available on our website. The information may also be used for the John James Charitable Trust to contact you by letter, telephone or e-mail with details of future funding and other information which may be of interest to you e.g. training courses and newsletters from relevant organisations.

Please tick the '**I Agree**' box below to confirm your acceptance of these conditions.

I Agree	<input type="checkbox"/>
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Date	<input type="text"/>
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